

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

P2930 R1C1

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                   |               |                                     |
|-----------------------------------|---------------|-------------------------------------|
| TOTAL CLAIMS                      | 21            |                                     |
| FOR                               | NUMBER FILED  | NUMBER EXTRA                        |
| TOTAL CHARGEABLE CLAIMS           | 52 minus 20 = | 32                                  |
| INDEPENDENT CLAIMS                | 9 minus 3 =   | 6                                   |
| MULTIPLE DEPENDENT CLAIMS PRESENT |               | <input checked="" type="checkbox"/> |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    | 576    |
| X40=      |        | OR | X80=      | 480    |
| +135=     |        | OR | +270=     | 270    |
| TOTAL     |        | OR | TOTAL     | 2036   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   | Total                            | Minus | **                                 | =             |
|   | Independent                      | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |                               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------------------------------|------------------------------------|---------------|
|   | Total                            | Minus                         | **                                 | =             |
|   | Independent                      | Minus <td>***</td> <td>=</td> | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                               |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |                                | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|--------------------------------|------------------------------------|---------------|
|   | Total                            | Minus                          | **                                 | =             |
|   | Independent                      | Minus <td>*** <td>=</td> </td> | *** <td>=</td>                     | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.